	50708
(Requestor's Name) (Address)	500319847555 ~
(City/State/Zip/Phone #)	12/05/1801021012 **10.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	10/24/1801024020 *+25.00
Special Instructions to Filing Officer: WHAN HAY WAY Wes \$10.00 Office Use Only	S TALLENT FEB 2 6 2019 A A A A A A A A A A A A A A A A A A A



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 11, 2019

DEBRA C. ORTIZ RE/MAX PLATINUM REALTY 428 S. TAMIAMI TRAIL OSPREY, FL 34229

SUBJECT: PLATINUM REALTY FLORIDA, INC. Ref. Number: P09000050708

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 019A00002930

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2018

DEBRA ORTIZ PLATINUM REALTY FLORIDA, INC. 1312 MAIN ST. SARASOTA, FL 34236

SUBJECT: PLATINUM REALTY FLORIDA, INC. Ref. Number: P09000050708

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 618A00025150

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 1, 2018

BRYAN L. GUENTNER PO BOX 1613 OSPREY, FL 34229

SUBJECT: PLATINUM REALTY FLORIDA, INC. Ref. Number: P09000050708

We have received your document for PLATINUM REALTY FLORIDA, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 818A00022532



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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: _____ Platinum Reality Florida, Inc Name of Corporation DOCUMENT NUMBER: PO 900050708____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

2DYCA UT-12-Name of Contact Person KE/MAX Platinum Realty 428 S. Tamiami Tr USDICY FL 34229 City/State and Zip Code <u>Adminmancher @ Platinumrealty</u> E-mail address: (to be used for future annual report notif <u>lorida</u> . Com v

For further information concerning this matter, please call:

<u>929 - 9090</u> & Davtime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \underline{FL} in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Platinum Realty Flurida, Inc.
2. The principal office address: 1500 State Street # 101
Savasota, FL 34236
3. The mailing address (if different): P.U. Box 1413
OSprey, FL 34229
4. Date of incorporation/qualification: <u>6/11/2009</u> Document number: <u>P0900050708</u>
The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Cherul L. Guentner
1312 Main Street
Sarasota, FL 34236
6. The name and street address of the new registered agent (if changed) and /or registered office
Cheryl L. Guentner
1500 State Street # 101
Sarasota, FL 34236

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

President i officer director

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agen

If signing on behalf of an entity:

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 (CR2E045 (03/12)